



## VOLUNTEER IN YOUTH SPORTS

### Consent/Release Form

NYSCA Chapter ID# \_\_\_\_\_

Name of Organization: Columbus Parks and Recreation Department

Applicant's Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named  
Name of Applicant organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Address Trace
- Social Security Number Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**If volunteer is less than 18 years of age, the Parental/Guardian consent/release below is required.**

I, \_\_\_\_\_, the legal parent/guardian of the above listed person, do hereby authorize the release of criminal history information on my child for the purpose of volunteering in youth related activities for the Columbus Parks and Recreation Department.

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Return completed form by mail, fax or in person to: Mike Keogh, Donner Center, 22<sup>nd</sup> & Sycamore St.,  
P.O. Box 858, Columbus, IN 47202 Fax (812) 378-2892**